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SN0821140006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/01/2021 15:06 (SGT) SUBMITTED BY: Rosk Bin Abdul Wahab VERSION: 1 (04/01/2021 15:06 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 5. Any false reporting may be referred to the Police for investigation.
  6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information

04/01/2021 15:06 (SGT) 03/01/2021 12:38 (SGT) CTE, Singapore

BETWEEN BRADDELL EXIT TOWARDS PIE

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLF9491H

#### INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No

Yes HO HUI MIN GRACINA SXXXX158G gracina86@yahoo.com (Phone) +65-81682622 +65-81682622

#### VEHICLE PARTICULARS

Alternative Phone No.

Manufacturer Model Variant

Nissan Note

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Claiming third party Private car

#### INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number

Cover Note Number

NTUC Comprehensive

5108412189-01

#### DRIVER

Name of Driver Company Reg No

HO HUI MIN GRACINA SXXXX158G

Date Of Driving Pass	07/09/2010
Driving experience	10 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81682622
Alt, Phone Number	+65-81682622
Email Address	gracina86@yahoo.com
Address	BLK 263 BISHAN STREET 22 #16-265
Address complement	BLK 203 BISHAN STREET 22 #10-203
Postcode	- F70000
Is the driver the policyholder?	570263
	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	.1•? - co-:
insurance company of Other Vehicle Owned by Driver	15-15
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
	vve.
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
FOR ELECTRICAL AND A PROPERTY OF A PROPERTY	1375
PASSENGER 1	
Name	FRIEND
Gender	Female
	Citible
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	110
The state of the s	, •
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
S PRO SI X D VANDA D U SI S	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
VIII DO TANDO IN CONTRACTOR OF THE PROPERTY OF	What is station to say
Vehicle Registration Number	SGL6960T
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	•
Vehicle Colour	

Private car

Vehicle Category

Contact Number	(Phone) +65-90609885
Address	(i) -     -
Address complement	3.5
Postcode	
Insurance Company Name	NTUC
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
  of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

- (a) My insurer , my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law yerr/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;

1.4

- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

用)SCF 9491H B) SGL 69601	Witnessed b Personnel		e (If driver is not	BHIWHHW		Policyholder's Signature / Time Sketch Plan
B) SOIL 6960T						02540
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## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel

oug of pak.

# ACCIDENT STATEMENT

ACCIDENT DATE: (03,01, 2021)(0	MM/YYYY), TIME: (12:38)(HHMM)
LOCATION: CTE between b	raddell exit, towards PIE
1. DETAILS OF VEHICLE	3.11
alvehicle Number: SLF94	111
CIPOLICY NUMBER: 510841	Throme insuvante 10-operative Limite
50000 Part (10000 1000 1000 1000 1000 1000 1000 1	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
DIMAKE & MODEL: NICKY	Note
	VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE)	COMMERCIAL / MOTORCYCLEL
h)PURPOSE OF USING AT ACCIDEN	IT TIME:
I) ARE YOU CLAIMING UNDER YOU	OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PART)	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	TOTAL STATE OF THE
	MATE / FEMALE)
MANDERS PORT: SE DA	SUG CONTACT: SIDE VEV
CIADDRESS: KIC 263 BK	shan street 22 #16-265
SOUTH STORY	<del>263</del>
HO of passongs DRIVER HOLLING TO S. OF DRIVER ALSO	POUCY HOLDER
Children and Diname: HU HUI Min EV	ALIVA MATE / FEMALE!
(Including driver) GINAME: TO TWO INVINCENTED SOLDA	
(2) CIADDRESS: BIF 263 BISH	SGG CONTACT: S169367V
SINGADURE ST	543
*d)DATE OF BIRTH: (18/00) 9	& I(DD/MM/YYYY) ·
e)OCCUPATION; (INDOOR / OUTDO	DOR)
FIDATE OF DRIVING PASC	1105/16/16
4. WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMPANY? (XES / NO)
IF NO, RELATIONSHIP OF THE DE	IVER WITH INSURED: OWY CELT
5. a) WEATHER CONDITION: (CLEAR / E	AINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTI	HERS
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	- 100 Maria -
IF YES, PLEASE STATE WHICH POUC	ESTATIONS
C WITHOUT A DAY LOTTE OF C	
Ho of passanger a) VEHICLE NUMBER: BONCY &	16960T MODEL: TOYOTA WRY
(Including driver) b) DRIVER'S NAME: IDN SIEW	KNEUNG
( ) NRIC/FIN/PASSPORTSOLT	1331 CONTACT: 90609995
THE PART VEHICLE	
Who of passanger of DRIVER'S NAME	MODEL: " +
(Industrial Artist )	
NRIC/FIN/PASSPORT:	CONTACT::-
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10	100 pt 10 pt 10 pt
(: • · · )	•

email = gracina 86 @ yahoo. am

#### Claim Handling

Contact Na.(Mobile)  Email Address  Contact Na.(Mobile)  Email Address  GRACINA86@YAHOO.COM Vehicle Number  Cloim Description  Preferred Workshop Preferred Workshop, Name unknown Yeport Report  Finalisation Yes Repair Preferred Workshop, Name unknown Yeport  Date Registered  Date Registered  Contact Na.(Mobile)  B1682622  NIL (Home)  OI (SLF9491 / SGL6960T ON 3 Jan 2021  Claim  O4/01/2021 15:13  Cloise	Accident MT/1115956						
Carefinate No.   Projection No.   Projection No.   Projection No.   Carefinate No.   Care	Policy No.	5108412189-01	Vehicle No.	SLF9491H		GST Reg	stration No
Product Code	Certificate No.					31791AL200	
Priceate Delie	Policyholder Name	HO HUI MIN GRACINA				Policyhol	der NR1C
Content No. Conten	Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC			
Special Memany   Spec	Contact No.(Mobile)	81682622	Contact No.(Office)				No (Home)
TOA   NO Yes	Email Address						and married
NCD Prince Inter	KFK	No Yes		# No Yes			12000
### Accident Paper	NCD Protection	Yes	NCD Entitlement(%)				
Duble of Accoder   Co.   Country of Accoder (1970)   Cou			O.C.			orresponding	W.E.
Date of Accorder   Date   Da	Report Date	04/01/2021 15:09	Accident Report Within 24 hrs	Ves		Kantana	Torre
Reporting Centre  Accident Location  CET RETIVEEN BRADGELL EXTT  TOTAL Excess Applicable  Excess Type  Per Accident  600.00  This Standard Excess  0.00  Standard Excess  0.00  This Standard Excess  0.00  Tribution Control Applicable  Tribution Co	Date of Accident	63/01/2021					
## ACCIDENT CET BETYPEEN BRADGELL EXIT  *** Total Excess Applicable**    Part Accident   Wu.Screen Excess   100.00   Prier In Coverage   100.00   Prier In Covera	Reporting Centre			13/30			of Accident
Dries Royal   Received   Receiv	Accident Location	CET BETWEEN BRADDELL EXIT	The strings of the state of			TCM NO.	
Designated Excess   Gold   TP Standard Excess   Gold   Designated Excess   Gold   Gold   Designated Excess   Gold		SEL SEL TREES BROWNELL EVEL					
Distandard Excess		Per Accident	Wildscreen Excess		100.00		
VIED DO Excess					100.00		
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Address 2   Contact No.   Co	YIED OD Excess	0.00	YJED TP Excess		0.00	Driver is	Covered?
### CST Registered Information ### Registered Information ### CST Registered Information ### PS CST Reg	Additional Excess	0				MANAGERIA	
## 65T Registred Information  ## 65T	Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
SGT Registration Date   SGT	<b>▽</b> Benefits				ens&F		
GST Egitutive Verified yes  Modification No.  West  Modification Nistory  West  Modifi	→ GST Registered Information	tion					
GST Registration No.  Widdlification Mistary  ***********************************	GST Registered	No		GST Regist	ration Date		
### Policyholder Mailing Address  Address 1 BLX 263 #16-265 Address 2 BISHAN STREET 12 Address 3 Post Code  June No. Related Policy Number Singapore address Post Code  June No. Related Policy Number Singapore address Driver Lores  June Type Main Driver Part  June Type Main Driver Part  June Type Main Driver Part  June Part RIAG Sep 24 Driver 1998  Register Policy Number Sep 34 Sep 241 Sep 24 Driver DOB  Register Date of Driver License 07/69/2010 Driver Age 34 Driving Experience  Contact No. (Mobile) 81:68:2622 Contact No. (Office) Contact No. (Office) Singapore address Address 3 BISHAN STREET 22 Address 3 Address 3 BISHAN STREET 22 Address 3 Address 3 Address 4 Address 3 BISHAN STREET 22 Address 3 Post Code  Modification History  Claim 001 Next  Contact No. (Driver Vehicle No. SLF9491H Driver Insurer Com  Destreation  Breathalyser or Blood Test. Resding? Omg Any Injury? Yes No  Contact No. (Mobile) Singapore Address Singapore Any Injury? Yes No  Contact No. (Mobile) Singapore Singapore Address Singapore Singapore Address Singapore Singapore Singapore Address Singapore S	GST Registration No.						Vec
Address 1 BLX 263 #16-265 Address 2 BISHAN STREET 22 Address 3 Post Code    Address 4	Medification History						AVVENI
Address 1 BLX 263 #16-265 Address 2 BISHAN STREET 22 Address 3 Post Code    Address 4	numero negotia esta de la composição do la composição do la composição de	esto d					
Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number Florer Into Driver Into Driver Into Driver Name HO HUI MIN, GRACINA Driver Related Policy Number Unnamed driver Name HO HUI MIN, GRACINA Driver Rame Singapore Address Address 3 BISHAN STREET 22 Address 3 BISHAN STREET 22 Address 4 Address 4 Address 4 Address 4 Address 4 Address 7 Address 4 Address 7 Address 7 Address 7 Address 8 Address 7 Address 7 Address 8 Address 7 Address 8 Address 9	Continues remain	O DESTRUCTION CONTRACTOR					
Unit No.  Related Policy Number  S108412189-D1  Policy Type  HO HUI MIN, GRACINA  Driver Type  Main Driver  M		BLK 263 #16-265	Address 2	BISHAN STREET 22		Address :	3
Dirver Name HO HUI MIN, GRACINA Driver Type Main Driver Unnamed difver Name No did ver Name No			Address Type	Singapore address		Post Cod	0
Driver Name HD HUI MIN, GRACINA Driver Type Unnamed driver Name Sacata Sacat			Related Policy Number	5108412189-01			
Unnained driver Name Drier NRIC Sep34158G Driver DOB Register Date of Driver License O7/09/2010 Driver Age 34 Driving Experience Contact No.(Mobile) 81687822 Contact No.(Mobile) 81687822 Contact No.(Mobile) BEX 263 #16-265 Address 2 BISHAN STREET 22 Address 3 Address 3 Address 7ype Singapore address Port Code Unit No. Does he own a Singapore Registered car? Yes No Driver Vehicle No. SLF9491H Driver Insurer Com Declaration Broathalyser or Blood Test Reading?  OD-MX  Name Contact No.(Mobile)  Reading Singapore Registered Care  OD-MX  Name Contact No.(Mobile)  Email Address  Contact No. (Indime) Contact No.(Mobile)  Email Address  Insured Liability Not et Foult Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown Preferred Workshop Preferred Workshop Registered Liability Not et Foult Preferred Workshop Preferred Workshop, Name unknown  Od/01/2021 15:13 Claim Doos Registered  Od/01/2021 15:13 Claim Doos Registered  Od/01/2021 15:13 Close	The state of the s	TPP-P10-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1-110-1					
Register Date of Driver License 07/09/2010 Driver Age 34 Driver Dollo Driver No. (Office) Contact No. (Home) Address 1 Driver Dollo Driver Dollo Driver Dollo Driver Driver Dollo Driver Driver Dollo Driver Driver Dollo Driver Driver Driver Dollo Driver Driv		HO HUI MIN, GRACINA	Driver Type	Main Driver			
Contact No. (Mobile) 81.681622 Contact No. (Office) Contact No. (Mobile)			Dri er NRIC	\$8624158G		Driver DO	36
Address 1 BEX 263 #16-265 Address 2 Address 7pe Singapore address Post Code Unit No. Does he own a Singapore Registered car? Yes No Driver Vehicle No. SLF9491H Driver Insurer Com Preferred Workshop Freferred Workshop Freferred Workshop, Name unknown Page Registered  Address 7 BISHAN STREET 22 Address 3 Post Code Insurer Com Singapore address Post Code Singapore Ad		07/09/2010	Driver Age	34		Driving E	xperience
Address 1 BEX 263 e16-265 Address 2 BISHAN STREET 22 Address 3 Address 4 Address Type Singapore address Post Code Unit No. Does he own a Singapore Registered Car? Yes No Driver Vehicle No. SLF9491H Driver Insurer Com Driver Insurer Com Declaration  Breathalyser of Blood Test 0 mg Any Injury? Yes No  Claim 1919 * Contact No. (Mobile)  Email Address Claim 001 Now Claim 1919 * Contact No. (Mobile)  Email Address Claim Description  Freitered Version Preferred Workshop, Name unknown Preferred Wo	Contact No.(Mobile)	81682622	Contact No.(Office)			Contact 6	(a,(Home)
Unit No. Does he own a Singapore Registered Car?  Yes No Driver Vehicle No. SLF9491H  Driver Insurer Com  Description  Breathalyser or Blood Test Reading?  Any injury?  Yes No  Claim 101 New  Claim 101 New  Contact No. (Mobile)  Email Address  GRACINA86@YAHOD.COM  SLF9491H / SGL6960T ON 3 Jan 2021  Preferred Workshop, Name unknown Yes Repair  Claim 201 No. (Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Home)  SLF9491H / SGL6960T ON 3 Jan 2021  Claim 202 No. (Hom	Address 1	BLK 263 #16-265	Address 2	BISHAN STREET 22			
Unit No.  Does he own a Singapore Registered Car?  Yes No  Driver Vehicle No.  SLF9491H  Driver Insurer Com.  Declaration  Breathalyser or fillood Test. Reading?  Any injury?  Yes No  Claim 001 Netw  Contact No. (Mobile)  Email Address  Email Address  GRACINA86@YAHDO.COM  Vehicle Number  SLF9491H/ SGL6960T ON 3 Jan 2021  Freferred Workshop Proferred Workshop Proferred Workshop Sensiter  GAA Received  Od/01/2021 15:13  Cloise  Date Registered  Od/01/2021 15:13  Cloise	Address 4		Address Type	Singapore address		Post Code	
Declaration  Breathalyser or fillood Test. 0 mg  Any injury?  Ves No  Modification History  Claim 001 New  Claim 1 New  Contact Na. (Mobile)  Email Address  Email Address  Cloim Description  Freferred Workshop, Name unknown vest report  Date Registered  Option  Date Registered  Deriver Vehicle No. SLF9491H Deliver Insurer Comp.  Deliver Insurer Comp.  SLF9491H Deliver Insurer Comp.  Deliver Insurer Comp.  Deliver Vehicle No. SLF9491H Deliver Insurer Comp.  Deliver	Unit No.					200000000	
Breathslyser or fillood Test 0 mg Any Injury? Yes No  Modification History  Claim 001 New  Claim Type *  Contact Na. (Mobile)  Email Address  Claim Secription  Freferred  Workshop  Preferred  Workshop  Preferred  Preferred Workshop, Name unknown Yeport  Received  Od/01/2021 15:13  Claim  Date Registered  Od/01/2021 15:13  Claim  Date Registered  Od/01/2021 15:13  Claim  Date Registered		Yes = No	Driver Vehicle No.	SLF9491H		Driver In	surer Comp
Reading? Ves No  Modification History  Claim 901 New  Claim 1901 New  Contact Na. (Mobile)  Email Address  GRACINA86@YAHOO.COM Vehicle  SLF9491H / SGL6960T ON 3 Jan 2021  Preferred  Workshop  Benefice No. Yes  Preferred Workshop, Name unknown Yeport  Received  Preferred Workshop, Name unknown Yeport  Received  Option  Objoin  Claim  Date Registered  Option  Objoin  Objoin	Declaration						
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Contact No.(Mobile)  Email Address  GRACINA86@YAHOO.COM Vehicle Number  Claim Description  Freferred Workshop Proferred Workshop, Name unknown Yeport  Flation No. Ves Repair Preferred Workshop, Name unknown Yeport  Date Registered  O4/01/2021 15:13 Close	Claim 001 New						
Email Address  Email Address  GRACINA86@YAHOO.COM Vehicle Number  Claim Description  Preferred Workshop Proferred Workshop, Name unknown Yeport Report  Date Registered  Date Registered  Contact No. (Mobile)  GRACINA86@YAHOO.COM Vehicle Number  SLF9491H / SGL6960T ON 3 Jan 2021  Claim O4/01/2021 15:13 Close	Claim Type *				DD-MX	Insured	un cere
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Email Address  GRACINA86@YAHOO.COM  GRACINA86@YAHOO.COM  Vehicle Number  SLF9491H / SGL6960T ON 3 Jan 2021  Preferred Workshop Proferred Workshop Finalisation Vea  Preferred Workshop, Name unknown Finalisation Option  Od/01/2021 15:13  Claim Od/01/2021 15:13  Close	Contact No.(Mobile)				81682622	No.	NIL
Claim Description  Preferred Workshop   Insured Liability   Not at Fault   Bastiatr No.   Yes   Repair   Preferred Workshop, Name unknown   Yeport   Date Registered   Option   O4/01/2021 15:13   Close	Email Address				GRACINAS6@YAHOD.COM	-, 01	S) FOAD
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Video List

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#### 'eBaoTech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 Change Language Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 03/01/2021 13:03 Vehicle No.(For Motor) SLF9491H Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Policy No. Vehicle No. Insured Object Product Cover Type Commence Date Expiry Date 5108412189-HO HUI MIN GRACINA drivo CLASSIC \$8624158G 01 GPC SLF9491H SLF9491H 27/03/2020 26/03/2021 Continue